



1074500 - R8 SDMS

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION VIII  
1860 LINCOLN STREET  
DENVER, COLORADO 80295-0699

ECEJ

REF: 8AW-WM

NOV 12 1982

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Robert K. Patrick  
Van Waters & Rogers  
P. O. Box 5287  
Denver, CO 80217

RE: I.D. #COD075770560  
Compliance with  
Financial Requirements

Dear Mr. Patrick:

Your Certificate of Insurance for Closure Care has been reviewed. There are three items which must be corrected to comply with financial assurance requirements (40 CFR 264.151(e), Subpart H - Financial Requirements of the April 7, 1982 Federal Register).

- (a) Insert number and street of Insurer.
- (b) Include "264.145(e)" and "265.145(e)" in first paragraph.
- (c) Include address of insured.


Also, in your Certificate of Liability Insurance (40 CFR 264.151(j) - April 16, 1982 Federal Register), insert title of authorized representative.

Therefore, your facility has 30 days from receipt of this letter to send corrected financial instruments to the Environmental Protection Agency (EPA).

If no such submittals are made, Van Waters & Rogers will be deemed in continuing violation of the Resource Conservation and Recovery Act (RCRA). Such violations can result in the company being liable for civil penalties of \$25,000 per day per violation.

Contact Kevin Orendorf at (303) 837-6258 with questions about financial requirements.

Sincerely yours,

  
Robert L. Duprey, Director  
Air & Waste Management Division

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/s/ original signed by Robert L. Duprey

Robert L. Duprey, Director  
Air & Waste Management Division

KO:wm:11-9-82:6258:94120(Letter 2)

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space  
on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).
- ☒ Show to whom and date delivered ..... —¢
- ☐ Show to whom, date, and address of delivery.. —¢
2. ☐ **RESTRICTED DELIVERY** —¢  
(The restricted delivery fee is charged in addition to  
the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO: **Robert K. Patrick**  
**Van Waters & Rogers**  
**P.O. Box 5287**  
**Denver, CO 80217**

4. TYPE OF SERVICE:

☐ REGISTERED ☐ INSURED

☒ CERTIFIED ☐ COD

☐ EXPRESS MAIL

ARTICLE NUMBER  
**P 316**  
**944 903**

**(Always obtain signature of addressee or agent)**

I have received the article described above.

SIGNATURE ☐ Addressee ☒ Authorized agent

5. DATE OF DELIVERY

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S  
INITIALS**P 316 944 903****RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

SENT TO: **Robert K. Patrick**  
STREET AND NO. **CASign-Bickford Co.**  
P.O., STATE AND ZIP CODE **P.O. Box 5287**  
**Denver, CO 80217**

POSTAGE

\$

CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		¢
	SPECIAL DELIVERY		¢
	RESTRICTED DELIVERY		¢
	OPTIONAL SERVICES	SHOW TO WHOM AND DATE DELIVERED	¢
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		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢

TOTAL POSTAGE AND FEES

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POSTMARK OR DATE

**11-12-82**

PS Form 3800, Apr. 1976